NC Department of Public Safety

Human Resources

BEACON Data (Internal Use Only)									
Completed by Hiring Location									
Employee Name			BEACON Personnel #						
WorkLocation					e #				
Position Classification									
Employee Group			Employee Sub-Group						
IT0007 - Planned Wo	<u>rking Time</u>								
Work Schedule Rule (WSR):	Defaults from Pos	sition (change if nee	ded)						
Working Week			Sh	ift 🔿 1st	○ 2nd ○ 3rd	Rotating			
	Weekly Work H					5			
	(Completed	by Emj	ployee					
Infotype 0002 - Perso	onal Data								
Employee Name Last _		First			Middle				
SSN	Date of Birth		Gend	er	Marital Stat	us			
Infotype 0006 - Addr	ess (Permanent)		Infotyp	e 0006 - <i>A</i>	Address (Mailing, if di	fferent from permanent)			
Address			Address						
City	State	Zip Code			State	Zip Code			
NC Only County	Phone #		NC Only County		Phone #				
County (If address is not in NC,		f address is not							
Infotype 0006 - Emer	gency Contac	ct Information	(Please enter	a primary an	d secondary contact in	the space below.)			
<u>P</u>	rimary				<u>Secondar</u>	У			
Name			Name						
Address			Address						
City	State	_ Zip Code	City		State	Zip Code			
NC Only County	Phone #		NC Only County		Phone #	E			
County (If address is not in NC)			County (I	f address is not					
Relationship			Relations	hip					
Infotype 0094 - I-9 Re	sidence Status								
○ Citizen ○ Non-	Resident Alien	🔿 Resident A	lien						
Infotype 0009 - Bank	<u>Details</u>								
Bank Name				_ 01-0	Checking 🔿 02 - Sav	rings			
Form HR 014 BEACON Data									

BEACON Data cont'd (Internal Use Only)

Major Major Name Major Address Y City State City State Zip Code Y City State Dates Attended 1. From I. From 2. To Infotype 0077 - Additional Personal Data Ethinic Origin (Nete: (N+H/L = Non-Hispanic/Latino) Veteran Status American Indian or Alaskan Native (N-H/L) Non-Veteran Asian (N+H/L) Non-Veteran Black or African American (N-H/L) Recently Separated Veteran Hispanic / Latino Special Disabled Veteran Native Hawaiian or Other Pacific Islander (N-H/L) Vietnam-era Veteran Two or More Races (N-H/L) Vietnam-era Veteran Work or More Races (N-H/L) Vietnam-era Veteran Ether (N-H/L) Iverify that the information provided is true, accurate and complete. Image: Synature? Image: Synature? Note: Employee's work location, phone number and e-mail address will be published in the State directory. Completed by HR State directory. Cross Agency Verification (B0157) Workflow Initiated By Position Pers. Subare	Major Major Name Major Address Major City State Zip Code City Mame Address City State Zip Code City State Zip Code City State Address City State Zip Code City State Address City Major 2. To Infotype 007 - Additional Personal Data Ethinic Origin (Note: (N+H/L) Maior Non-Veteran Asian (N+H/L) Other Protected Veteran Black or African American (N+H/L) Other Protected Veteran Hispanic / Latino Special Disabled Veteran Two or More Races (N+H/L) Vietnam-era Veteran Work (N+H/L) Iverify that the Information provided is true, accurate and complete. City Completed by HR Action/Reason Effective Date Effective Date PCR# Croos Agency Verification (B0157) Workflow Approved By Position Pers. Subarea (PO13) Checked <th><u>Info</u></th> <th>otype 0</th> <th>022 - Edu</th> <th><u>cation</u></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	<u>Info</u>	otype 0	022 - Edu	<u>cation</u>								
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Address	Address	00	Name					00	Name				
	x City State Zip Code x City State Zip Code Dates Attended 1. From 1. To 2. From 2. To Infotype 0077 - Additional Personal Data Ethinic Origin (Note: (N-H/L = Non-Hispanic/Latino) Veteran Status American Indian or Alaskan Native (N-H/L) Non-Veteran Other Protected Veteran Asian (N-H/L) Other Protected Veteran State Black or African American (N-H/L) City State: Disabled Veteran Native Hawaiian or Other Pacific Islander (N-H/L) Vietnam-era Veteran Native Hawaiian or Other Pacific Islander (N-H/L) Vietnam-era Veteran Two or More Races (N-H/L) Vietnam-era Veteran (Signature) (Dare Signed) Note: Employee's work location, phone number and e-mail address will be published in the State directory. Completed by HR Action/Reason Effective Date PCR# Org Unit (PPOSE) Workflow Initiated By Position Vacancy (PPOSE) Workflow Approved By Supervisor Pos # (PO13) Checked By Supervisor Pos # (PO13) Checked By Supervisor Pos # (PO	Ĭ	Addres	_				Ĭ	Address				
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White (N-H/L) I verify that the information provided is true, accurate and complete.	└ White (N+H/L) Iverify that the information provided is true, accurate and complete.						(,_)						
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